

ARNOLD SCHWARZENEGGER
GOVERNOR

MATTHEW R. BETTENHAUSEN
SECRETARY



3650 SCHRIEVER AVENUE
MATHER, CA 95655

PHONE (916) 323-7730
FAX (916) 324-8554

CALIFORNIA EMERGENCY MANAGEMENT AGENCY

July 22, 2010

Denise C. Hunt, MFT
Behavioral Health Director
Stanislaus County
800 Scenic Drive
Modesto, CA 95350

Subject: Performance Assessment/Site Visit Report
Award # AT09060500

Dear Ms. Hunt:

On June 21 – 22, 2010, I conducted a site visit of the Child Abuse Treatment (CHAT) Program operated by Stanislaus County, CAIRE Center. Thank you for your time and cooperation during the site visit. It was a pleasure meeting your staff who support the CHAT Program. Everyone I met during the site visit was friendly, helpful, and very professional.

During the site visit, we discussed California Emergency Management Agency's (Cal EMA) requirements for the program, the goals and objectives, the match requirements, the source documentation, and the reporting requirements. As a result of the visit, I have found the project in most areas to be in compliance and functioning within the parameters established in the Grant Award Agreement. However, there were some findings (out-of-compliance) which require corrective actions. Please send me a corrective action letter by **August 16, 2010** addressing the following topics:

Overall, the Administrative Review appears to be satisfactory. However, there are three administrative issues needing to be addressed:

- 1) The Budgeted Match 1 FTE Mental Health Clinician II on the Grant Award Agreement is in fact .86 FTE.

Action Needed: A Cal EMA Grant Award Modification (Cal EMA 2-223) must be submitted along with Budget Pages (Cal EMA 2-106a) and Budget Narrative pages (Cal EMA 2-107) reflecting the actual equivalency to correct this.

Indicate in the corrective action letter how this will be resolved.

- 2) A current EEO Plan as outlined in item 9 of EEO Checklist A was not provided.

Action Needed: Provide an EEO Plan as outlined in item 9 of the EEO Checklist A to Cal EMA's Compliance Officer Lisa Abila. **Indicate in the corrective action letter how this will be resolved.**

- 3) Christi Golden was not able to provide me with a plan to disseminate the EEO Plan and the EEO Policy to all employees, volunteers, clients, and to the general public is needed.

Action Needed: Stanislaus County needs to develop a plan to disseminate the EEO Plan and the EEO Policy to all employees, volunteers, clients, and to the general public. **Indicate in the corrective action letter how this will be resolved.**

Overall, the Programmatic Review appears to be satisfactory. However, there is one programmatic issue needing to be addressed:

- 1) The project is lacking two of the required operational agreements. The project must obtain operational agreements with local hospitals and also with local schools.

Action Needed: Per the 2009 CHAT Program RFA, operational agreements with local hospitals and local schools are required. Therefore, Stanislaus County must obtain operational agreements with local hospitals and local schools for its CHAT Program. **Indicate in the corrective action letter how this will be resolved.**

Please review the enclosed Site Visit Report form; sign the cover page and mail it to me at your earliest convenience. Also complete a Corrective Action Letter with the requested actions and return to me by **August 16, 2010**. Should you have questions, please contact me at (916) 323-7730. Once again, thank you and your staff for warm hospitality and cooperation I received during the site visit.

Sincerely,

RICHARD BUNCH
Program Specialist
Children's Section

Enclosures:

- Site Visit Report
- EEO Checklist

CALIFORNIA EMERGENCY MANAGEMENT AGENCY (Cal EMA)

PROGRAM: CHILD ABUSE TREATMENT PROGRAM (CHAT)

PERFORMANCE ASSESSMENT / SITE VISIT REPORT

1. **GRANT AWARD NUMBER:** AT09060500 **DATE OF SITE VIST:** June 21 – 22, 2010
2. **GRANT PERIOD:** October 1, 2009 through September 30, 2010
3. **RECIPIENT/IMPLEMENTING AGENCY:** County of Stanislaus
4. **PROJECT DIRECTOR:** Denise C. Hunt, RN, MFT

PERSONS INTERVIEWED DURING SITE VISIT:

<u>NAME</u>	<u>TITLE</u>	<u>AGENCY</u>
<u>Linda Downs</u>	<u>Asst. Director, Admin. Services</u>	<u></u>
<u>Christi Golden</u>	<u>HR Director</u>	<u></u>
<u>Lillie Farriester</u>	<u>Manager III, Financial Services</u>	<u></u>
<u>Laurie Lusk</u>	<u>Accountant II</u>	<u></u>
<u>Maribel Lopez, MA</u>	<u>MFT Intern</u>	<u></u>
<u>Shanette Williams, MA</u>	<u>MFT Intern</u>	<u></u>
<u>Shannyn McDonald, MA, LMFT</u>	<u>Program Coordinator</u>	<u></u>
<u></u>	<u></u>	<u></u>
<u></u>	<u></u>	<u></u>

Richard Bunch
Signature of Program Specialist

07/16/2010
Date

Gillsa Miller
Signature of Section Chief

07/22/2010
Date

Signature of Project Representative Date

PERFORMANCE ASSESSMENT/SITE VISIT REPORT

A. ADMINISTRATIVE REVIEW

1. OPERATIONAL DOCUMENTS

YES NO N/A

Review hard copy/verify the ability to access on line:

- | | | | |
|--|-------------------------------------|--------------------------|--------------------------|
| • The Cal EMA Recipient Handbook (R.H.) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • The Approved Grant Award Agreement | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • The RFA/RFP (supersedes the requirement of the R.H.) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • The Program Guidelines (supersedes the requirement of the R.H.) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Is the project familiar with Office of Management and Budget, OMB Circulars which govern your organization? Circulars may be found at www.whitehouse.gov/omb/circulars . | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments:

Agency staff have access to and understand all above documents.

2. FIDELTY BOND - COMMUNITY BASED ORGANIZATION (CBO) & AMERICAN INDIAN ORGANIZATIONS ONLY

- | | | | |
|---|--------------------------|--------------------------|-------------------------------------|
| • Obtain copy of required CBO bonding? [R.H. Section 2161] Does <u>not</u> apply to state, city, or county units of government. | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| • Does the bond show: | | | |
| ○ Bonding company name | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ○ Bond number | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ○ Description of coverage | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ○ Amount of coverage (50% of allocation) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ○ Bond period | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ○ Grant award number | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ○ Bond include Form A (Employee Dishonesty) and Form B (Forgery Coverage)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ○ Is Cal EMA named on the bond as the beneficiary? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments:

Not applicable because agency is a local governmental agency.

3. ENVIRONMENTAL IMPACT – CEQA COMPLIANCE (R.H. Section 2153)

- | | | | |
|---|-------------------------------------|--------------------------|--------------------------|
| • Does the project have their CEQA documentation on file? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|---|-------------------------------------|--------------------------|--------------------------|

Comments:

The County of Stanislaus has CEQA documentation.

4. PROOF OF AUTHORITY (R.H. Section 1350)

- | | | | |
|--|-------------------------------------|--------------------------|--------------------------|
| • Does the project have a written authorization/resolution on file as required by the Grant Award Agreement? *Ask for copy | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--|-------------------------------------|--------------------------|--------------------------|

Comments:

I was provided with a copy of a Board of Supervisors Action Agenda Summary which documents the Behavioral Health Director is authorized to sign the Grant Award Agreement.

PERFORMANCE ASSESSMENT/SITE VISIT REPORT

A. ADMINISTRATIVE REVIEW (Continued)

5. <u>ORGANIZATIONAL CHART</u>	<u>YES</u>	<u>NO</u>	<u>N/A</u>
---------------------------------------	------------	-----------	------------

- Review the organizational chart. Are all budgeted positions identified?

Comments:

Both budgeted positions on the Grant Award are on the organizational chart.

6. Cal EMA MODIFICATION (Cal EMA 2-223)

- Review the purpose/preparation of Grant Award Modification (Cal EMA 2-223). *[R. H. Section 7500] (Instruct the project staff on the procedure to obtain the most recent forms from Cal EMA website.)*

A modification is needed for the following:

- Budget changes
- Change in key personnel
- Adding/changing additional signers
- Change goals/objectives, or activities
- Address change
- Other

Comments:

Project staff understands the purpose of and preparation of Grant Award Modifications.

7. PERSONNEL POLICIES

- Does the project staff have access to written personnel policies as required? *[R. H. Section 2130]*
- Do policies include:
 - Maintenance of personnel files for all paid and volunteer staff including job applications, salaries, benefits, and current job duties/descriptions
 - A current Drug Free Workplace policy statement on file signed by the employee? *[R. H. Section 2152]*
 - Work hours
 - Compensation rates
 - Overtime
- Did the Board approve the agency's current personnel policy?

Comments:

Project staff has access to a Personnel Manual and New Employee Orientation Manual with the above items included.

PERFORMANCE ASSESSMENT/SITE VISIT REPORT

A. ADMINISTRATIVE REVIEW (Continued)

- | | <u>YES</u> | <u>NO</u> | <u>N/A</u> |
|---|-------------------------------------|--------------------------|--------------------------|
| 8. <u>FUNCTIONAL TIMESHEETS</u> | | | |
| • Does the project use functional timesheets for each grant funded position less than 1 FTE? OR Time Study Allocation plan updated within the last 2 years? [R. H. Section 11331] | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Are timesheets (paid staff & volunteer) signed by staff & approved by supervisor? (Review timesheets to ensure they are signed by the staff and supervisor) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments:

Functional Timesheet are utilized by staff. Staff sign and supervisors approve timesheets.

9. DUTIES OF FINANCIAL OFFICER AND BOOKKEEPER

- | | | | |
|--|-------------------------------------|--------------------------|--------------------------|
| • Are the duties of the financial officer and the bookkeeper separate to ensure no one person has complete authority over a financial transaction? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ○ Name of individual who approves purchases.
<u>Adrian Carroll – Chief, Children’s System of Care</u> | | | |
| ○ Name of individual who writes checks.
<u>County Accounting/Auditing Office</u> | | | |
| ○ Name of individual(s) who signs checks. <u>Larry Haugh – County Auditor, Lillie Farriester – Financial Services Manager</u> | | | |

Comments: Purchase approval, check writing, and check signing are sufficiently separated.

10. SOURCE DOCUMENTATION-Fiscal [R. H. Section 11000]

- | | | | |
|--|-------------------------------------|--------------------------|--------------------------|
| • Does the project maintain a record-keeping system which will accurately support costs claimed on Report of Expenditure and Request for Funds (Cal EMA Form 2-201)? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Does the project maintain an accurate inventory log of equipment purchased with grant funds? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments:

Accounting and equipment record-keeping systems are accurate and sufficient.

11. PROJECT EXPENDITURES

- | | | | |
|--|-------------------------------------|-------------------------------------|--------------------------|
| • Is the project's expenditure rate commensurate with the elapsed period of the grant? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Are the project's expenditures being made in accordance with the terms of the Grant Award Agreement? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| • Does the project need to submit a Grant Award Modification Request (Cal EMA Form 2-223)? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Is the project up-to-date with the submission of Cal EMA Form 2-201? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

PERFORMANCE ASSESSMENT/SITE VISIT REPORT

Comments: The Match 1 FTE Mental Health Clinician II on the Grant Award Agreement is in fact .86 FTE. A modification must be submitted to correct this issue.

A. ADMINISTRATIVE REVIEW (Continued)

	<u>YES</u>	<u>NO</u>	<u>N/A</u>
12. <u>MATCH REQUIREMENTS</u>			
• Does the project have a match requirement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Is the project meeting the match requirement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Review the supporting documentation to substantiate cash or in-kind match.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

The Match 1 FTE Mental Health Clinician II on the Grant Award Agreement is in fact .86 FTE. A modification must be submitted to correct this issue.

13. EEO POLICY

- Go over EEO checklist. (Separate document)

Comments:

The Human Resources Director, Christi Golden was able to provide the requested information and documents except:

- A current EEO Plan as outlined in item 9 of EEO Checklist A.
- A plan to disseminate the EEO Plan and the EEO Policy to all employees, volunteers, clients, and to the general public.

PERFORMANCE ASSESSMENT/SITE VISIT REPORT

B. PROGRAMMATIC REVIEW

GENERAL

YES NO N/A

1. PROGRAM GOALS AND OBJECTIVES

- Review the goals and objectives of the program and the programmatic requirements of the Grant Award Agreement. Is the project meeting the program goals and objectives?
- Does the project staff need to submit Cal EMA Form 2-223 to modify their grant objectives?

Comments:

The project is sufficiently meeting the Objective goals within the grant period.

2. PROGRESS REPORT

- Discuss and review the programmatic Progress Report requirements.

Comments:

The project staff understand the Progress Report requirements.

3. SOURCE DOCUMENTATION-Programmatic

- Is the project maintaining a record keeping and data collection process that will accurately support the project's reported data on the Progress Report form?
- Review the project's file system and data collection process.

Comments:

The project's data collection and record keeping processes accurately support the data in the Progress Report.

4. OPERATIONAL AGREEMENTS

- Does the project have current Operational Agreements as required by the Grant Award Agreement?

Comments:

The project had all required operational agreements.

5. PROJECT STAFF DUTIES

- Interview project staff and discuss their duties and the relationship to the grant. Are employees performing duties as stated in the Grant Award Agreement?

Comments:

Project staff are performing their duties as outlined in the Grant Award Agreement.

PERFORMANCE ASSESSMENT/SITE VISIT REPORT

C. SUPPLEMENTAL PROGRAMMATIC REVIEW

- | | <u>YES</u> | <u>NO</u> | <u>N/A</u> |
|--|-------------------------------------|--------------------------|--------------------------|
| 1. <u>OBJECTIVE A – PROVIDE PSYCHOTHERAPY SERVICES</u>
Does the project use licensed clinicians/therapists? If not, explain the credentials of the mental health staff. Discuss the type of therapy received by the child client (how often, group, individual, PCIT, trauma-focused, etc.). | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments:

Modalities used include Cognitive Behavioral and Solution Focused.

- | | | | |
|---|-------------------------------------|--------------------------|--------------------------|
| 2. <u>OBJECTIVE B – ASSISTANCE IN PROVIDING INFORMATION ON CRIME COMPENSATION SERVICES</u>
How does the project provide clients with information and referral to the local Victim Witness Assistance Center for victim compensation services? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|---|-------------------------------------|--------------------------|--------------------------|

Comments:

The children who come to the CAIRE Center are there because they are already involved in the criminal justice system. Therefore, they have already received information on the Victim Witness Assistance Center.

- | | | | |
|--|-------------------------------------|--------------------------|--------------------------|
| 3. <u>OBJECTIVE C – ASSISTANCE IN UNDERSTANDING AND IN HELPING THE CHILD PREPARE FOR PARTICIPATING IN THE CRIMINAL JUSTICE SYSTEM</u>
How does the project provide information and referral to the local Victim Witness Assistance Center for assistance, advocacy, and support during judicial proceedings? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--|-------------------------------------|--------------------------|--------------------------|

Comments:

The children who come to the CAIRE center are there because they are already involved in the criminal justice system. The therapists help the clients understand the process.

- | | | | |
|---|--|--|--|
| 4. <u>OBJECTIVE D – USE OF VOLUNTEERS</u> | | | |
| <ul style="list-style-type: none"> • Does the project use volunteers? <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> • Have volunteers completed the required 40-hour training prior to child client contact? Review documentation. <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> • Do volunteers complete a sign-in sheet with date, time, activities, and signature by the project's project director or designated staff? Review documentation. <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> • Have all employees and volunteers completed the required background checks? <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> • If the project does not use volunteers, has the project received a volunteer waiver for the <u>current grant award period</u>? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | | |

How does the project use the mandated volunteers?

PERFORMANCE ASSESSMENT/SITE VISIT REPORT

Comments:

The volunteers make quilts which are given to the child victims. They have no direct contact with the children, and therefore, do not need to take the 40-hour training.

C. SUPPLEMENTAL PROGRAMMATIC REVIEW

YES NO N/A

5. DOES THE RECIPIENT HAVE ON FILE DOCUMENTATION SUPPORTING THE COMPLETION OF THE FOLLOWING (inform the following are required, but do not review)?

- | | | | |
|--|-------------------------------------|--------------------------|--------------------------|
| ○ Reference Checks | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ○ Criminal Background Check (if staff/volunteers have resided in California for less than 3 years, out-of-state criminal history checks are also required) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ○ Child Abuse Central Index Checks | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ○ Department of Motor Vehicle Checks (if transporting clients) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments:

Christi Golden stated all the above background checks are done. The background information is destroyed, but results noted in the personnel file.

6. DOES THE PROJECT DO PERFORMANCE EVALUATIONS?

Comments:

Christi Golden stated annual employee evaluations are completed.

7. CURRENT MANDATED OA's ON FILE

- | | | | |
|--|-------------------------------------|-------------------------------------|-------------------------------------|
| ● Law Enforcement | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ● California Coalition for Youth (CCY) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ● Victim Witness Assistance Center | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ● California Workforce Investment Board's State or Local Youth Council | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ● Local Hospitals | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| ● Local Schools | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| ● County Social Services Department | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

Comments:

The project needs to obtain operational agreements with a local hospital and the local schools.

PERFORMANCE ASSESSMENT/SITE VISIT REPORT

8. CLIENT CONFIDENTIALITY

- Written policy regarding client confidentiality.
- Written policy regarding the maintenance of confidential client records.
- Client records are kept confidential per E.C. Section 1037.1.
- Client records are kept in a locked room or file cabinet.

Comments: The project has written policies regarding client confidentiality and the maintenance of confidential client records. Client files are kept in locked filing cabinets behind locked doors.

PERFORMANCE ASSESSMENT/SITE VISIT REPORT

D. ADDITIONAL COMMENTS:

ADMINISTRATIVE (document strengths, topics needing improvement, follow-up, etc.)

The County of Stanislaus, CAIRE Center appears to be a very professionally run organization. The administrative staff is very helpful and competent. The financial records are very organized, easy to track, and easily understood. I appreciated the warm welcome I received and the can-do attitude in finding or producing any information and/or documentation which I needed for the site visit.

The following are items needing to be addressed in the Administrative Review:

- The Budgeted Match 1 FTE Mental Health Clinician II on the Grant Award Agreement is in fact .86 FTE. A modification must be submitted to correct this issue.
- A current EEO Plan as outlined in item 9 of EEO Checklist A needs to be submitted to Cal EMA's Compliance Officer, Lisa Abila.
- A plan to disseminate the EEO Plan and the EEO Policy to all employees, volunteers, clients, and to the general public is needed.

PROGRAMMATIC (document strengths, topics needing improvement, follow-up, etc.)

The programmatic staff appear to be very professional. I was very impressed with the whole operation and setup of the CAIRE Center. It is truly a one-stop for abused children involved in the criminal justice system. The following are items needing to be addressed in the Programmatic Review:

- The project is lacking two of the required operational agreements. The project must obtain operational agreements with local hospitals and local schools.